

**Michigan Department of Community Health**  
**Office of Long-Term Care Supports & Services**  
Single Point of Entry Informational Forum  
September 25, 2006

**Participant Questions and Responses**

**Person Centered Planning**

- Q1** For consumers eligible for Medicaid, at what level of the system will a thorough assessment be performed (SPE level or LTC program level) and at what level will a PCP be developed (SPE level or LTC program level)?
- A1** Refer to questions 17, 18 and 19 of the 8/28/2006 Q&A for clarification of the difference between options counseling and supports coordination. Thorough assessment is and will remain a function of supports coordination. As such, it is performed at the LTC program level. Person centered planning is a process that will start during options counseling at the SPE level and carry over into the LTC program level. Options counselors will assist consumers in developing a general support plan with a desired mix of services. That plan then becomes the basis for ongoing planning and service delivery.
- Q2** How do advocates currently not in an SPE area get involved in the development of PCP guidelines and related best practices so we can more readily partner when additional SPEs are developed?
- A2** A person centered planning discovery process is underway as part of the Robert Wood Johnson Self-Determination in Long Term Care Project that involves staff of four MI Choice waiver agencies. Their effort is focused solely on PCP in community-based care and does not address the provision of PCP in licensed facilities. This group is developing draft guidelines and training curriculum that will serve as the PCP foundation in the SPE demonstrations. Guidelines will be circulated for comment in the near future. Individuals with a strong interest in participating but are not in an SPE area, should contact the office.

**Evaluation**

- Q3** Since many long term care consumers have cognitive and/or speech disabilities, how will evaluations be conducted, in order to get the feedback from as many primary consumers as possible?
- A3** Technologies exist to enhance communication for consumers with speaking impairments. For those with cognitive impairment, getting feedback will be considerably more difficult. Alternative methods of communication will need to be used, such as seeking feedback from a surrogate who is identified by the consumer as someone who knows the consumer well and is involved in the day-to-day activity of his/her life.

### Staffing

- Q4** When hiring employees to staff SPEs, please consider rehabilitation counselors as well as social workers. Rehabilitation counselors work with people with disabilities and have a great interest in long term care and nursing home transition.
- A4** Hiring decisions will be left to the SPEs. There is no requirement that SPE staff must be social workers.

### Options Counseling

- Q5** Options counseling is only as good as the options available. What is happening to remove the cap on waiver slots?
- A5** The flexibility of providing more waiver slots is much more restricted with the FY 2007 appropriations for budget that unrolls the long term care financing line item. Addressing this will be a priority in the next budget development cycle. As well, department is exploring closely what alternatives it can effect this year.
- Q6** Will there be a minimum set of criteria for options counselors? Who will develop the criteria?
- A6** The Functions Workgroup, which includes representation from each of the four demonstration sites, is in the process of developing staffing criteria that will be presented to the office for review and approval. The State will assure that options counselors are consistently trained across sites.
- Q7** Will options counselors have flexibility of work schedules?
- A7** The SPE contract contains requirements that persons be available to accommodate the region's access needs. This will require flexibility in staffing. Accessibility will be an element of the evaluation of the SPE demonstration projects.

### Service Needs for Persons with Traumatic Brain Injury

- Q8** How will the very specific needs of persons with a traumatic brain injury (TBI) be met by the SPE agencies?
- A8** The Information and Assistance staff and the Options Counselors will be knowledgeable of the full continuum of long term care service options available, including targeted programs such as those that serve individuals with TBI. SPE staff will be able to provide information about service and eligibility, as well as assist persons with accessing programs that meet their needs.

## Board Composition

- Q9** Will long term care providers be included in any portion of the development of the LTC Connection (SPE)? How do we become an active member?
- A9** Local Long-Term Care Connections - - SPEs - - are working toward developing collaborative agreements with providers in their areas, but they are just getting underway with this work, SPEs are encouraged to convene at least quarterly meetings with providers. At least one is already creating a database of provider contacts to ensure their input is solicited. Interested providers are urged to contact the SPE directly to learn how your agency might become involved at the local level.
- Q10** Regarding the Board composition, why do you have a home health association representative effectively providing input regarding home and community-based service options but not a representative or input from a facility-based service provider? Hopefully this is not indicative of an innate bias against facility-based options.
- A10** The requirements for SPE Board membership prohibit members from being Medicaid service providers. This contractual requirement will be enforced by the Department.
- Q11** Is the Health Care Association of Michigan (HCAM) and the Michigan Association of Home and Services to the Aging (MAHSA) represented?
- A11** These associations are represented on the Long-Term Care Task Force, the SPE Request for Proposals, and there are Commission members who will be working with the Department to develop the SPE evaluation methodology. The SPEs should establish contact and develop local level collaboration with these associations. Providers are encouraged to contact the Executive Directors of the SPEs.

## Miscellaneous

- Q12** A concern about using 211 is that there is a significant difference for consumers when they are getting I&R/A from a person who has a specialty in long term care versus basic I&R/A. To what extent will 211 agencies be involved in I&R and options counseling, and what will requirements be for training of 211?
- A12** While there is a common element of expertise, 211 generally does not provide the type of specialized I&A and options counseling that will be provided through the SPE. In those areas where 211 takes the initial call, triage protocol (to be developed) will determine how individual calls will be handled.
- Q13** May we have the membership lists for each workgroup including the affiliation of the members?

- A13** This may be possible via the web page ([www.michigan.gov/ltc](http://www.michigan.gov/ltc)) , or upon request. The groups change as the process develops, so it may be difficult to provide a comprehensive, static list. At the local level, the SPEs will use their governing and advisory boards. Specialized staff (e.g., representatives from the Alzheimer’s community) will be contacted when necessary and appropriate.
- Q14** What does PIHP mean? An acronym list would be helpful.
- A14** PIHP means “prepaid inpatient health plan.” This is the acronym for the Community Mental Health Program’s managed care plan.
- Q15** Is the long term care web site available?
- A15** The Office of LTC Supports and Services recently took control of an existing web site ([www.michigan.gov/ltc](http://www.michigan.gov/ltc)) and is in the process of updating/revising it. Information on the various initiatives coordinated by the Office will be available in the near future.
- Q16** Are there local SPE web sites?
- A16** Not at this time, however, each is expected to have a web presence in the future.
- Q17** What is a person’s recourse if the SPE does not communicate with those who want to participate in the development/planning process?
- A17** SPEs are contractually required to have a complaint process. Affected parties may also contact the Office of Long-Term Care Supports and Services directly if not satisfied with local response.
- Q18** Nursing facilities at the local level need a contact person and methods for input in decision making. Who would that person be?
- A18** The Executive Director of the SPE is the appropriate contact person. The State is working on a methodology for meaningful input in the decision making process for all stakeholders. The Southwest Michigan Long-Term Care Connection is planning “Meet and Greet” sessions with providers and organizations. All workgroups should have broad representation including nursing facilities. West Michigan Long-Term Care Connection has approximately a dozen nursing facilities already included in their development processes and workgroups. Craig Bradley, at the Detroit Long-Term Care Connection is the contact person for that area.
- Q19** If providers are involved in the policy development process, how does the SPE control for conflict of interest?
- A19** Consumers and advocates are needed for the governing and advisory boards. It is not the intent of the State or the SPE to turn the policy-making process over to providers.

- Q20** Is Money Follows the Person (MFP) part of the SPE?
- A20** MFP is not part of the SPE at this time. Without a specific line item, Money Follows the Person will be harder to accomplish in the current budget. The Deficit Reduction Act, Money Follows the Person grant may help.
- Q21** Will assisted living facilities be an option?
- A21** Assisted living facilities are not an option in the current MIChoice waiver. The State may consider an assisted living specialized residential rate as an additional service with the upcoming renewal.
- Q22** Will the MI Choice waiting list policy be revised?
- A22** At this time, there is no plan to revise the MI Choice waiting list policy in relation to the SPE demonstration projects. However, if MI Choice Waiver slots are made available for SPE use, there will be a need to assure that there is an overall policy that addresses priorities for waiver access across both the waiting lists and the SPEs.
- Q23** How will the SPEs vary in working with people?
- A23** It is desirable that SPEs will have the same responses statewide. Approach may differ (e.g., urban vs. rural issues) but the responses should be the same. Consistent response will be tracked and evaluated.